

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 131

FILED SEP 24 1963

VS 300
Rev. 4/59

1 0890

2 8030

3

4 1

5 2

6

7 2

8 2

9 X

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11 089

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arizona b. COUNTY --	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township		Length of stay in 1b 1 week	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNIE Middle LOUISE Last McGLOTHLIN		4. DATE OF DEATH Month September Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11a. FATHER'S NAME Richard Bicknell		11b. MOTHER'S MAIDEN NAME Emma Chapell	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		12b. SOCIAL SECURITY NO. 8 W. K. McGlothlin, Greeley, Colorado	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Secondary to Fractured arm. DUE TO (b) Auto accident DUE TO (c)		14. NAME OF HUSBAND OR WIFE William K. McGlothlin - dec	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto accident	
21. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 9-7-63	22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Hwy 210 Orrick Ray Mo		
23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	24. CITY, TOWN, OR LOCATION Ray Mo		
25. I attended the deceased from 19 p.m. to 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		26. DATE SIGNED 9/16/1963	
27. SIGNATURE H. Davault (Degree or title) M.D.		28. ADDRESS Richmond, Mo.	
29. BURIAL, CREMATION, REMOVAL (Specify) Burial		30. DATE Sept. 16, 1963	
31. NAME OF CEMETERY OR CREMATORY Kincaid Cemetery		32. LOCATION (City, town, or county) Richmond, Mo.	
33. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		34. DATE RECD. BY LOCAL REG. 9/16/1963	
35. REGISTRAR'S SIGNATURE Malcolm Jackson			

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

body, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edward Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.